## COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM

PERIOD: JULY 1, 2003 - JUNE 30, 2004

| 1. |  | DEPARTMENT/COURT INFORMATION:  |          |  |               |         |                                   |  |  |
|----|--|--|----------|--|---------------|---------|-----------------------------------|--|--|
|    |  | Department/Court:  |          | ······································ | Health &      | Huma    | n Services                        |  |  |
|    |  | Division/Unit:   |          | Nor                                    | theast Famil  | y Cente | er, Central Region                |  |  |
| 2. | VOLUNTEER PROGRAM BENEFITS:  |  |          |  |               |         |                                   |  |  |
|    | a.   | GENERAL VOLUNT groups, corporations  | •        | ection                                 | should includ | le com  | munity volunteer, student intern, |  |  |
|    |  | No. Vol. 0   | Hours    | 0                                      | X             | 17.19   | = \$0.00                          |  |  |
|    | Types of work performed by GENERAL VOLUNTEERS in this category:  None  |  |          |  |               |         |                                   |  |  |
|    | b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)  |  |          |  |               |         |                                   |  |  |
|    | No. Vol. 15 Hours 320 X \$17.19 = \$5,500.80   |  |          |  |               |         |                                   |  |  |
|    | Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:  |  |          |  |               |         |                                   |  |  |
|    | Re   | Receptionist, answering telephones, filing, typing, and various other clerical duties. |          |  |               |         |                                   |  |  |
|    |  |  |          |  |               |         |                                   |  |  |
|    | c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.) |  |          |  |               |         |                                   |  |  |
|    |  | Position   | Hours    | X                                      | VCL           | = .     | Dollar Benefit                    |  |  |
|    |  |  | 4        |  |               |         | \$0.00                            |  |  |
|    |  |  |          |  |               |         | \$0.00                            |  |  |
|    |  | 医动物现代征取及外腺炎激素促促剂医  |          |  |               |         |                                   |  |  |
|    |  | No. Vol. 0   | Total Ho | urs                                    | 0             | Tota    | I Value \$0.00                    |  |  |

| Тур  | es of wo   | rk perform  | ed by SPE   | CIALIZEI  | O VOLUNTE  | ERS in thi  | s categor  | y:       |               |     |
|------|--|-------------|-------------|-----------|--|-------------|------------|----------|---------------|-----|
|      |  |             |             |           |  |             |            |          |               |     |
| d.   | TOTALS   | OF DEP      | ARTMENT     | VOLUNT    | EERS (from                                       | above):     | •          |          |               |     |
|      | No. of   | Volunteers  | <u> </u>    | Hours     | <u>s</u>   | Dollar I    | Benefit    |          |               |     |
|      |  | 0           |             | 0         |  | \$          | 0          |          |               |     |
|      |  | 15          |             | 320       |  | \$5,        | 501        |          |               |     |
|      |  | 0           |             | 0         |  | \$          | <u>0</u>   |          |               |     |
| T    | OTALS:   | 15          | Tota        | l Hours   | 320  | Total       | Value      | \$5      | ,500.80       |     |
| DO   | NATION   | S TO VOL    | .UNTEER I   | PROGRA    | M:   |             |            |          |               |     |
| boo  | oks, etc.<br>etion.  | Please as   |             | market va | as computer<br>alue to each a                    | and add to  | •          | value of |               | ons |
| Iten | n Donate   | d:          |             |           |  | _ Value:_   |            |          |               |     |
| Iter | n Donate   | d:          |             |           |  | _ Value:_   |            |          | <del>14</del> |     |
|      | n Donate   |             |             |           |  | _ Value:_   |            |          |               |     |
|      |  |             |             |           | TOTAL  | /ALUE =     |            | \$0.00   |               |     |
|      | VOLUN  | TEER PR     | OGRAM C     | OSTS:     |  |             |            |          |               |     |
| a.   | Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.) |             |             |           |  |             |            |          |               |     |
|      | Hours  | 40          | X           | Rate      | \$13.85  |             | \$         | 554.00   |               |     |
| b.   | coordina   | ator[s]). T | his section | should in | ours of progra<br>oclude coordi<br>volunteer pla | nation of s | staff, com | piling   | e hourly ra   |     |
|      | Hours  | 80          | х           | Rate      | \$20.95  |             | \$1        | ,676.00  |               |     |

3.

4.

|    | C.  | Other program costs (training materials/supplies, recognition costs, etc.): |            |  |  |  |  |  |
|----|---|---|------------|--|--|--|--|--|
|    |   | Item:   | Cost:      |  |  |  |  |  |
|    |   | Item:   | Cost:      |  |  |  |  |  |
|    |   | Item:   | Cost:      |  |  |  |  |  |
|    |   | TOTAL OF OTHER PROGRAM COSTS =  | \$0.00     |  |  |  |  |  |
|    | d.  | TOTAL OF PROGRAM COST (4a+4b+4c) =  | \$2,230.00 |  |  |  |  |  |
| 5. | NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM: |   |            |  |  |  |  |  |
|    | а   | Total Dollar Benefits of Volunteers, Item 2d                                | \$5,500.80 |  |  |  |  |  |
|    | b.  | Total of Donations to Volunteer Program, Item 3                             | \$0.00     |  |  |  |  |  |
|    | c.  | Subtract Total of program Costs, Item 4d                                    | \$2,230.00 |  |  |  |  |  |
|    |   | TOTAL PROGRAM BENEFIT:  | \$3,270.80 |  |  |  |  |  |

| 6.   | RECRUITING: Please describe your recruiting programs:   |                       |  |                 |                                       |  |  |
|--|---|-----------------------|--|-----------------|---------------------------------------|--|--|
|  | There are two WEX (Work Experience) Orientations a week.  |                       |  |                 |                                       |  |  |
| We also utilize students from Crawford High School.  |   |                       |  |                 |                                       |  |  |
|  | The students from Crawford High School are in an Intership Program  |                       |  |                 |                                       |  |  |
|  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                       |  |                 | · · · · · · · · · · · · · · · · · · · |  |  |
|  |   |                       |  |                 |                                       |  |  |
| 7.   | SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS: Please describe any special activities and/or achievements your program was involved in the period of this report: |                       |  |                 |                                       |  |  |
|  | WEX is a pro  | ogram designed to gi  | ve clients non-salari                    | ed work ex      | perience in a non-profit              |  |  |
|  | agency. The   | benefits are: Recent  | work experience fo                       | r their resu    | mes; job contacts;                    |  |  |
|  | job reference   | es; and the opportuni | ty to learn and enha                     | ince new sk     | kills.                                |  |  |
|  |   |                       |  |                 |                                       |  |  |
|  |   |                       |  |                 |                                       |  |  |
| 8.   | Please describe your program goals. Include activities, number of volunteers, recruitne training, recognition and other goals:  |                       |  |                 |                                       |  |  |
| We continue to provide ongoing training to our WEX Clients.  We have a Training Unit Set up for the WEX Workers. |   |                       |  |                 |                                       |  |  |
|  | This will allow us to provide trainig for clients with barriers that have not been  |                       |  |                 |                                       |  |  |
|  | successful in the past.   |                       |  |                 |                                       |  |  |
|  |   |                       |  |                 |                                       |  |  |
|  |   |                       |  |                 |                                       |  |  |
| 9.   | GENERAL II  | NFORMATION:           |  |                 |                                       |  |  |
|  | Name of per   | son completing repo   | rt:                                      | Natalie         | Lampkin                               |  |  |
|  | Phone:  | (619) 589-4502        | _Mail Stop: W89                          | E-Mail:         | natalie.lampkin@sdcounty.ca.gov       |  |  |
|  | Volunteer Co  | oordinator:           | 4- | Natalie Lampkin |                                       |  |  |
|  | Phone:  | (619) 589-4502        | _Mail Stop: W89                          | E-Mail:         | natalie.lampkin@sdcounty.ca.gov       |  |  |
| 10.  | DEPARTME  | NT CERTIFICATION      | ł:                                       | 7/1             | 5/14                                  |  |  |
|  | DEPAR   | TMENT HEAD SIGN       | ATURE                                    |                 | ATE                                   |  |  |